

147

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

121

OF DEATH AND RESIDENCE 1317	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 yrs. 7 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa					
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2128 W. Lewis Avenue					
EDENT SONAL ATA 163	3. NAME OF DECEASED (TYPE OR PRINT) Charles F DuBOIS		A. (FIRST) Charles B. (MIDDLE) F C. (LAST) DuBOIS		4. SEX male		5. COLOR OR RACE white		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
	6B. NAME OF SPOUSE Elsie Mae		7. DATE OF BIRTH MONTH DAY YEAR Jan. 2, 1892		8. AGE (IN YEARS LAST BIRTHDAY) 63		IF UNDER 1 YEAR MONTHS DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) farmer	
	9B. KIND OF BUSINESS OR INDUSTRY agriculture		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None	
USE OF ATH M 18)	14A. FATHER'S NAME Earl DuBois		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Nora Whelock				15B. BIRTHPLACE (STATE OR COUNTRY) Iowa	
	16. INFORMANT'S SIGNATURE Mrs. Elsie Mae DuBois (Wife) 2128 W. Lewis Ave Phoenix, Ariz.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 16, 1955				18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 1201 †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	
	19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ATIONS, OPSY 1	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 16, 1955 TO Jan. 16, 1955 THAT I LAST SAW THE DECEASED ALIVE ON Jan. 16, 1955 , AND THAT DEATH OCCURRED AT 3:45 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE Wm J. Hoyer				22B. ADDRESS M. D. 3523 West McDowell Road; Phx 1/17/55		22C. DATE SIGNED			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)					
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 1-19-55		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona			
ERAL CTOR ND STRAR 107	26A. DATE REC. BY LOCAL REG. 1/20/55		26B. REGISTRAR'S SIGNATURE Bessie Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE Fred E. Warren		27B. ADDRESS Grimshaw Mortuary WEST MONROE PHOENIX, ARIZONA			